FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instructions)		Off
NAME OF COMMITTEE (in formal committee)		nple: If typying, type the lines	Office use only 12FE4M5
Napolitano for	Congress		
ADDRESS (number and s	reet) 555 Capitol Mall, Suite 1425		
(Check if addre	ss		
is changed)	Sacramento	لتتتت	CA 95814 - 1
	CITY▲	\$	STATE ZIP CODE 🛦
cpr@olsonhage			,
opresioning!			<u> </u>
COMMITTEE'S WEB F	PAGE ADDRESS (URL)		
COMMITTEE'S FAX NUMBER			
2. DATE M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICATION NUMBER C C00334706			
4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)			
I certify that I have examin	ed this Statement and to the best of my knowledge an	d belief it is true, correct and	complete
Type or Print Name of Treasurer Yolanda Louwers			
Signature of Treasurer Electronically Filed by Yolanda Louwers Date Date Date			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS			
Office Use Only FE3AN042.PDF		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	